

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS**

**PART II: PROGRAM ADDENDUM TO APPLICATION FOR LICENSURE OF
AN ASSISTED LIVING FACILITY**

NAME OF ASSISTED LIVING FACILITY: _____

REQUEST FOR LICENSURE LEVEL	REQUEST FOR LICENSE
<input type="checkbox"/> Residential Living Care only <input type="checkbox"/> Residential Living Care <u>and</u> Assisted Living Care	Requested number of residents: Number of residents currently residing in the facility: Number of buildings license requested for:

DO YOU EXPECT TO OR ARE YOU PROVIDING CARE SERVICES FOR THE FOLLOWING: <i>(Check all that apply.)</i>		
Service Provided	Check if Yes	Explain where indicated
Residents who are non-ambulatory?	<input type="checkbox"/>	
Residents who have mental illness or mental retardation?	<input type="checkbox"/>	
Residents who are substance abusers?	<input type="checkbox"/>	
Residents who have a history of aggressive behavior?	<input type="checkbox"/>	
Residents who need the use of restraints?	<input type="checkbox"/>	Type of restraints used at facility:
Residents who have a serious cognitive impairment and cannot recognize danger or protect their own safety and welfare?	<input type="checkbox"/>	Does the facility have a safe, secure environment/unit?
Residents who need care for gastric tubes?	<input type="checkbox"/>	Have direct care staff been trained by Registered Nurse?
Residents who need skilled nursing treatments? (Such as wound care, as permitted in Assisted Living.)	<input type="checkbox"/>	<input type="checkbox"/> Facility has licensed nurse employed. <input type="checkbox"/> Facility will contract with a licensed nurse or health agency.
Residents who need ostomy care?	<input type="checkbox"/>	
Residents who receive Auxiliary Grant funding?	<input type="checkbox"/>	<input type="checkbox"/> At admission. <input type="checkbox"/> Converting from private pay.

ADMINISTRATION

Name of Administrator:

GENERAL INFORMATION

General Questions	Check if Yes	If “Yes” Additional questions or requirements.
Will the Assisted Living Facility allow pets to live on the premises?	<input type="checkbox"/>	Types of pets permitted: If pets are currently residing at the facility, include required immunizations and certification for each animal, by a licensed veterinarian, indicating that the animal is free of diseases transmittable to humans.
Does the Assisted Living Facility, or will the Assisted Living Facility contract with a physician to provide care to the residents within the facility?	<input type="checkbox"/>	Name of contract physician:

REQUIRED ATTACHMENTS FOR INITIAL APPLICATION
1. For facility providing residential living care only, verification of qualifications and education of the administrator.
2. For facility providing residential living care and assisted living care, a copy of a valid license issued to the administrator by the Virginia Board of Long Term Care Administrators or an explanation if the administrator is not currently licensed
3. If the Assisted Living Facility has persons, other than aged, infirm or disabled residents residing on premises, a list of these individuals and what their relationship is to the Applicant.
4. For each individual listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the Sworn Statement or Affirmation completed within the last 90 days.
5. For each individual listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the Criminal History Record Report obtained from the state police within the last 90 days.
6. A copy of the building evaluation signed by the appropriate building official.
7. A copy of the fire inspection conducted by the appropriate fire official.
8. A copy of the sanitation inspection conducted by the Department of Health.
9. Include a sketch or blueprint of the floor plan of the entire building(s), including the exact floor and window measurements and ceiling height of residents’ bedrooms. Measure the floor from baseboard to baseboard; show measurements of any built-in closets and chimneys that protrude into the rooms. Measure only the glass area of the window, not the window frames. Also include the number of toilets, face/hand washing sinks, bathtubs and showers in the bathrooms.
10. A copy of all forms to be used by the facility, if different from the model forms provided by the Department of Social Services.
11. Disclosure Statement.
12. A copy of all rules, requirements, policies and procedures of the Assisted Living Facility.
13. A statement or chart regarding organization of the management staff, with information showing who is responsible for policy, operation and management decisions.
14. Name of the management company that operates the facility, if other than the licensee.
15. Staff Information Sheet
16. Sample current menu for a two-week period.
17. Sample current monthly activity schedule.

REQUIRED ATTACHMENTS FOR RENEWAL APPLICATION	
1.	For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the Sworn Statement or Affirmation. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
2.	For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the Criminal History Record Report obtained from the state police. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
3.	For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), reference letters dated no more than 12 months prior to this application from three people not related to the person who can certify to his/her character and reputation. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
4.	For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), Personal Qualifying Information Form if within the last 10 years the individual served as a voting officer, director, or principal stockholder in any child-welfare, assisted living, adult day care center, nursing home or mental health facility, program or agency requiring licensure in Virginia or in any other state. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
5.	A copy of the new building evaluation if any physical plant changes have been made to the facility since the facility's last license was issued that required a building permit. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
6.	A copy of all new or revised forms used by the facility, if different from the model forms provided by the Department of Social Services. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
7.	If changed since the previous license was issued, a copy of the Disclosure Statement. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
8.	A sketch or blueprint of the floor plan if any physical plant changes have been made to the facility since the facility's last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
9.	A copy of all rules, requirements or policies that have changed since the facility's last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
10.	If changed since the last license was issued, a statement or chart regarding the organization of the management staff, with information showing who is responsible for policy, operation and management decisions. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
11.	If a management company operates the facility rather than the licensee, the name of the new management company if changed since the facility's last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
12.	Staff Information Sheet